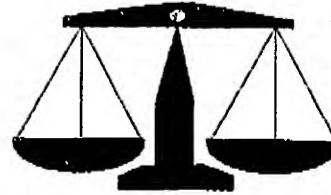


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To: Examiner Patrick J. Kilkenny
Art Unit 3732

From: Katie McCarthy, Patent Assistant

Fax: 5/1-273-8300

Pages: 12

Phone:

Date: January 8, 2007

Re: Response and Amendment
Patent Application 10/698,112
Ally Docket # DPD-7311

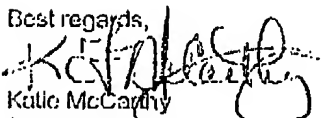
CC:

Mr. Kilkenny:

Please find attached the following documents in connection with the above identified application:

- Transmittal Form (1 page);
- Request for Extension of Time (1 page); and
- Amendment (9 pages).

Best regards,


Katie McCarthy
Patent Assistant

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/898,112
	Filing Date	October 31, 2003
	First Named Inventor	David R. Pollock et al.
	Art Unit	3732
	Examiner Name	Patrick J. Kilkenney
Total Number of Pages in This Submission	Attorney Docket Number	DPD-7311

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DENTSPLY International Inc.		
Signature	<i>Daniel W. Sullivan</i>		
Printed name	Daniel W. Sullivan, Esquire		
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Signature	<i>Katie F. McCarthy</i>		
Typed or printed name	Katie F. McCarthy	Date	1-8-07

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